



K.S. SCHOOL OF ENGINEERING AND MANAGEMENT
 BENGALURU - 560 109
STAFF LEAVE FORM

Name : Abhishek M.R. Date : 06 / 03 / 2023
 Designation : Assoc. Prof.
 Department : Mechanical No. of Days : 03
 Leave Applied From : 01/03/2023 To : 03/03/2023

Category Leave

CL	SCL	Compensatory Leave	VL / EL	Other (Medical leave)
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Reason for Leave applied : Medical leave

Contact No. 98860 45566

Recommended / Not Recommended

Signature of the Employee [Signature]

[Signature]
 HOD
6/3/23

OFFICE

Leave at credit :days

Approved / Not Approved

Applied :days

Balance : days

[Signature]
 Principal

Alternate Arrangement

Date	Class / Lab	Timings	Subject	Name	Sign
		<u>No</u>	<u>class work</u>		

To,
The Principal,
KSSEM
Bangalore.

06/03/2023.
Bangalore.

Through,
Head of Dept.
MED, KSSEM
Bangalore.

From,
Abhishek.M.R.
MED, KSSEM
Bangalore.

Respected Sir;

Sub: Medical leave from 01/03/23 to 03/03/23 - Reg.
I, Abhishek.M.R of Mechanical engg. dept.
was suffering from fever & cough. LRTI injection
from 01/03/2023 to 05/03/23. In this regard request
your kindly to consider my absence as medical
leave. Do the needful.

Thanking you,

Forwarded to Principal Sir,

Chubhi H.
6/3/23

Yours faithfully,

Chubhi
06/03/2023.



DR. M. B. KIRAN, M.B.B.S., M.D. Medicine
 Consultant Physician / Diabetologist

KMC Reg. No. 26155
 LIC Med Ex : 636611

VIVEK CLINIC

10/2, Kathriguppa Main Road
 Banashankari 3rd Stage
 Bangalore - 560 085
 26795656.

Timings : 10.00 a.m. to 2.00 p.m.
 Sundays : 10.00 a.m. to 1.00 p.m.

KIRAN DIAGNOSTIC CENTRE

172/1, Kathriguppa Main Road
 Banashankari 3rd Stage
 (Opp. Vivek Clinic)
 Bangalore - 560 085.
 Ph : 26795051

Timings : Weekdays 7.00 p.m. to 10.00 p.m.

Rx

Medical certificate

Date 2/3/2023

This is to certify that Mr. Abhishek
 M.R aged 39 yrs was under my treatment
 for severe cough/fever CFTI from
 1-3-2023, he is advised rest
 at home till 5-3-2023

Dr. M. B. KIRAN M.B.B.S., M.D.
 Consultant Physician, Cardiologist
 and Diabetologist
VIVEK CLINIC
 10/2, Kathriguppa Main Road
 BSK 3rd Stage, Bangalore - 560 085
 KMC Reg. No. 26155, LIC Med Ex: 636611



K.S. SCHOOL OF ENGINEERING AND MANAGEMENT

BENGALURU - 560 109

STAFF LEAVE FORM

Name : Vinayakamma K Date : 19 / 06 / 23

Designation : Attender

Department : Mechanical Engineering

No. of Days :
To : 30 / 6 / 23

Leave Applied From : 19/06/2023

Category Leave

CL	SCL	Compensatory Leave	VL / EL	Other
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Reason for Leave applied : Medical leave

Contact No. 9035605081

Recommended / Not Recommended

Signature of the Employee Vinayakamma

HOD

19/6/23

OFFICE

Leave at credit : ~~.....~~ days

Approved / Not Approved

Applied : days

Balance : days

Principal

Alternate Arrangement

Date	Class / Lab	Timings	Subject	Name	Sig



K.I.M.S. HOSPITAL & RESEARCH CENTRE

K.R. Road, V.V. Puram, Bangalore-560 004

Ph. No. : 080-26624870, 26620035, 2620036

OUT PATIENT REGISTRATION

ORTHO IV UNIT

THURSDAY 9 AM TO 4 PM

SATURDAY-11 AM TO 1 PM



UHID	: KIMS/20230706215803	Visit Date	: 06-07-2023, 10:56:am
Patient Name	: MRS.VINAYAKAMMA	No of Visits	: 1
Last Visit Date	: 06-07-2023, 10:56:am	Sex	: Female
Age	: 43 Y	Contact No	: 9036101971
Address	:	Department	: ORTHOPAEDIC
Unit	: Unit4	Unit Chief	: Dr.Ravish V N
OP/No	: RB/KIMS/23-24/213192		

SL.No	Service Name	Unit	Amount(₹)
1	OPD Services Registration Fee	1	30.00

Name of ADMIN : SheelaB

Printed By : SheelaB

06-07-2023 10:56:46

RCN

Dr. Vinayakamma # @ Home visit 7th Operative
 CD-2-2-21 D.O.Sy 23/06/2023

Dr. Vinayakamma

POD-13

- wound inspected - clean and dry
- alternate sutures removed - no gaping.
- sutures removed completely - no gaping
- sterile dressing done

P.T.O.



K.I.M.S. HOSPITAL & RESEARCH CENTRE

K.R. Road, V.V. Puram, Bangalore-560 004

DISCHARGE SUMMARY

UHID No.: 20270618191974 I.P. No.: 7781/22 No.: 598425

Patient's Name: VINAYAKANNA Attending Doctor: Dr. RAJESH V. V.

Age & Sex: 43 / Female Dept / Unit: Ortho - II

Diagnosis: Post traumatic fracture distal 1/3rd shaft of right femur

Date of Admission: 19/06/23 Date of Operation: 23/06/23 Date of Discharge: 28/6/23

Chief Complaint: C/o pain & deformity of right lower limb with inability to bear weight on right lower limb since 7pm on 18/06/2023.

Relevant History and Physical Findings: Patient gave H/O slip & fall in her residence following which patient developed pain, swelling & deformity in her right thigh.

Relevant Investigations: O/E: Swelling (+) over the distal 1/3rd of right thigh. Tenderness (+), Bony crepitus (+), Abnormal mobility (+) over distal aspect of thigh. ROM: of Right knee - restricted & painful.

Treatment Given: CRIF WITH 2M2L NAIL TO RIGHT FEMUR DONE UNDER SPINAL ANESTHESIA ON 23/06/2023

Condition of Discharge: Good/Satisfactory/Fair/Relieved

ADVICE ON DISCHARGE

Instruction to be followed: Dressing care - keep dressing clean and dry.

- Active and passive flexion and extension of right knee
- Non weight bearing (right leg), with walker support mobilization.

- T. VAPCEF CV 325mg 101 x 10 days
- T. TRESFEN-SP 101 x 10 days
- T. PENTOVAC 40mg 100 (B/F) x 10 days

Signature: [Signature]
Designation: Dr. Rachana PG for Ortho